

Name: Willie Casanova Moore
 Address: PO Box 250, Draper, Utah 84020
 Telephone: N/A

FILED
 U.S. DISTRICT COURT
 2005 APR -6 P 2:04

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF UTAH
central DIVISION

Willie Casanova Moore
 (Full Name)

PLAINTIFF

vs.

Clinton S. Friel

Richard M. Garton

Sidney Roberts

Kennon Tubbs, Et Al

DEFENDANTS

CIVIL RIGHTS COMPLAINT
 (42 U.S.C §1983, §1985)

CIVIL NO. _____
 (Supplied by Clerk)

Judge Dale A. Kimball
 DECK TYPE: Civil
 DATE STAMP: 04/06/2005 @ 14:17:16
 CASE NUMBER: 2:05CV00229 DAK

A. JURISDICTION

1. Jurisdiction is proper in this court according to:

- a. ☒ 42 U.S.C. §1983
- b. ☐ 42 U.S.C. §1985
- c. ☐ Other (Please Specify) _____

2. NAME OF PLAINTIFF Willie Casanova Moore
 IS A CITIZEN OF THE STATE OF Utah / Germany

PRESENT MAILING ADDRESS: PO Box 250, Draper
Utah, 84020,

4

3. NAME OF FIRST DEFENDANT Clinton S. Friel
IS A CITIZEN OF Draper Utah
(City and State)

IS EMPLOYED AS WARDEN at U.S.P.
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

warden Friel is responsible for the
Health care of All INMATES IN the
Draper Facility of U.S.P.

4. NAME OF SECOND DEFENDANT Richard M. Garden
(If applicable)

IS A CITIZEN OF Draper, Utah
(City and State)

IS EMPLOYED AS DR. B.C.T. at U.S.P.
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

Dr. Garden is responsible for training
and supervision of all medical
staff and INMATE medical care

5. NAME OF THIRD DEFENDANT Sidney Roberts
(If applicable)

IS A CITIZEN OF Draper Utah
(City and State)

IS EMPLOYED AS Medical Doctor at U.S.P.
 (Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

Dr. Roberts provides medical care
for inmates at U.S.P.

6. NAME OF FOURTH DEFENDANT Jack Ford
 (If applicable)

IS A CITIZEN OF Draper Utah
 (city and State)

IS EMPLOYED AS Public Affairs at U.S.P.
 (Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

MR. Ford provides to the public,
inmates, and the Governor and
other state employees.

(Use additional sheets of paper if necessary.)

B. NATURE OF CASE

1. Why are you bringing this case to court? Please explain the circumstances that led to the problem.

U.S.P. medical staff have shown

Deliberate indifference to my serious medical needs, and have failed to relieve my pain and suffering.

C. CAUSE OF ACTION

1. I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count I: Violation of 8th Amend. Prohibition Against Cruel and unusual Punishment.
- (2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing legal authority or arguments.)
u.s.p. medical staff did not believe that my back was messed up and did not treat my back or pain until I had complained and asked for treatment. And pain management for about two months.
- b. (1) Count II: Failure to Follow prior Doctors Prescribed course of effective treatment.
- (2) Supporting Facts: staff failed to get my medical records for about four months, and then gave me medicine that did not help with my pain, but messed up my ability to

Thank of function in my normal and
my required daily activities.

- c. (1) Count III: _____

(2) Supporting Facts: _____

D. INJURY

1. How have you been injured by the actions of the defendant(s)?

my Back continues to deteriorate
and cause me Pain and emotional
distress, over fears about becoming
unable to walk from my untreated
Back injury and farther
Deterioration and Arthritis.

E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1. Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action or otherwise relate to the conditions of your imprisonment? YES ___ / NO X. If your answer is "YES," describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

- a. Parties to previous lawsuit:

Plaintiff(s): N/ADefendant(s): N/Ab. Name of court and case or docket number: N/A

c. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

d. Issues raised: _____

_____e. When did you file the lawsuit? N/A
Date Month Yearf. When was it (will it be) decided? N/A

2. Have you previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C? YES ☒ / NO _____. If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

I have exhausted all Three Levels of
the Grievance process, which includes
Informal and Formal Administrative
procedures without getting relief before
suffering for several months, and I have
still not gotten the relief I have sought.

F. REQUEST FOR RELIEF

1. I believe that I am entitled to the following relief:

Effective treatment of my back and

Pain; Future care; compensation for pain
and suffering; Punitive Damages; and
any other Remedies the Court may deem
Appropriate. Injunctive Relief as a Third party
Beneficiary of Henry V. DeLand, (89-C-1124-J)
DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint, and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C §1621.

Executed at U.S.A. on 4-2-2005.
(Location) (Date)

WILLIE C. SANCHEZ
Signature

H:\prose\civrt.gui